

Max Life is committed to transparency, integrity and accountability in all its affairs. It is determined to maintain a culture of honesty and strong opposition to fraud and corruption. Like any other organization of significant size and complexity, Max Life is vulnerable to risks of fraud and corruption and as such, in accordance with the principle of proportionality, has dedicated adequate resources and priority to combat the same.

Fraud in insurance is an act or omission intended to deceive, to gain undue advantage from, or to injure the interests of, the company or its shareholders or its creditors or any other person, whether or not there is any wrongful gain or wrongful loss. Some examples of fraudulent acts are

- Assets Misappropriation, including theft of cash and other property
- Deliberately misrepresenting, concealing, suppressing or not disclosing one or more material facts relevant to an insurance policy
- Misuse of confidential information (including identity theft)
- Forgery of any kind
- Policyholder or claim frauds etc.

The objective to combat fraud is reinforced through Max Life's Anti-Fraud Policy ("Policy") which outlines the procedures in relation to its five key fraud pillars, namely

Prevention



Identification/Detection



Investigation



Correction



Monitoring and Reporting



All cases of suspected or identified frauds should be reported at Fraud.Riskmanagement@maxlifeinsurance.com / whistle.blower@maxlifeinsurance.com. Max Life is committed to deal with any fraud with utmost seriousness; any indulgence in such activity could potentially lead to appropriate disciplinary legal action, including termination of

You can help to ensure that we continue to build an honest Company with ethical and right conduct, by reporting any suspicious situation.